

AMENDED IN SENATE JUNE 14, 2016

AMENDED IN SENATE JULY 7, 2015

AMENDED IN ASSEMBLY MAY 28, 2015

AMENDED IN ASSEMBLY MAY 14, 2015

AMENDED IN ASSEMBLY APRIL 7, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 366

Introduced by Assembly Member Bonta

(Principal coauthor: Assembly Member Gomez)

(Principal coauthor: Senator Hernandez)

(Coauthors: Assembly Members Achadjian, Bigelow, Bonilla, Burke, Campos, Chiu, Chu, Cooley, Cooper, Dababneh, Dodd, Frazier, Gatto, Gonzalez, Gray, Roger Hernández, Jones-Sawyer, Lackey, Levine, Lopez, Low, Maienschein, McCarty, Medina, Nazarian, O'Donnell, Perea, Quirk, Rendon, Ridley-Thomas, Rodriguez, Salas, Santiago, Steinorth, Mark Stone, Thurmond, Ting, Waldron, Wilk, and Wood)

(Coauthors: Senators Block, Cannella, Galgiani, Hall, Hertzberg, Hill, Jackson, Pan, Pavley, Roth, Stone, Wieckowski, and Wolk)

February 17, 2015

An act to add Section 14105.2 to the Welfare and Institutions Code, relating to Medi-Cal. An act to add and repeal Chapter 3.75 (commencing with Section 7292.5) of Part 1.7 of Division 2 of the Revenue and Taxation Code, relating to taxation.

LEGISLATIVE COUNSEL'S DIGEST

AB 366, as amended, Bonta. ~~Medi-Cal: annual access monitoring report. Transactions and use taxes: City of Alameda.~~

Existing law authorizes cities and counties, subject to certain limitations and approval requirements, to levy a transactions and use tax for general purposes, in accordance with the procedures and requirements set forth in the Transactions and Use Tax Law, including a requirement that the combined rate of all taxes that may be imposed in accordance with that law in the county not exceed 2%.

This bill would authorize the City of Alameda to impose a transactions and use tax for general purposes that, in combination with other transactions and use taxes, would not exceed the combined rate limit of 2% by more than 0.5%, if the city adopts an ordinance proposing the tax and the ordinance proposing the tax is approved by the voters, subject to applicable voter approval requirements, as specified. The bill would repeal this authorization on January 1, 2025, if an ordinance proposing the tax has not been approved by that date.

This bill would make legislative findings and declarations as to the necessity of a special statute for the City of Alameda.

~~Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which health care services are provided to qualified, low-income persons. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Under the federal Patient Protection and Affordable Care Act, existing state law extends Medi-Cal eligibility to childless adults under 65 years of age.~~

~~This bill would require the State Department of Health Care Services, by March 15, 2016, and annually thereafter by February 1, to submit to the Legislature, and post on the department's Internet Web site, a Medi-Cal access monitoring report providing an assessment of access to care in Medi-Cal and identifying a basis to evaluate the adequacy of Medi-Cal reimbursement rates and the existence of other barriers to access to care, as specified. The bill would require the department to hold a public meeting to present and discuss the access monitoring report at least once annually, and would require the department to accept public comment from stakeholders at the public meeting. The bill would authorize the department to enter into a contract with an independent entity to perform an ongoing assessment of access to care and the adequacy of provider payments in Medi-Cal. The bill would require,~~

to the extent funding is provided in the annual Budget Act and federal financial participation is available, rate increases to be implemented for services, provider types, or geographic areas for which rates are identified in the annual report as inadequate.

Vote: majority. Appropriation: no. Fiscal committee: ~~yes~~-no.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Chapter 3.75 (commencing with Section 7292.5)
2 is added to Part 1.7 of Division 2 of the Revenue and Taxation
3 Code, to read:

4
5 CHAPTER 3.75. LOCAL GOVERNMENT FINANCE IN THE CITY OF
6 ALAMEDA
7

8 7292.5. (a) Notwithstanding any other law, the City of Alameda
9 may impose a transactions and use tax for general purposes that,
10 in combination with all taxes imposed pursuant to the Transactions
11 and Use Tax Law (Part 1.6 (commencing with Section 7251)),
12 would not exceed the limit established in Section 7251.1 by more
13 than 0.5 percent, if all of the following requirements are met:

14 (1) The city adopts an ordinance proposing the transactions
15 and use tax subject to any applicable voter approval requirement.

16 (2) The ordinance proposing the transactions and use tax is
17 submitted to the electorate and is approved by the voters voting
18 on the ordinance pursuant to Article XIII C of the California
19 Constitution. The election on the ordinance proposing the
20 transactions and use tax may occur after January 1, 2017.

21 (3) The transactions and use tax conforms to the Transactions
22 and Use Tax Law (Part 1.6 (commencing with Section 7251)) other
23 than Section 7251.1.

24 (b) Notwithstanding Section 7251.1, the tax rate authorized in
25 subdivision (a) shall not be considered for purposes of the
26 combined rate limit established by that section.

27 7292.6. If, as of January 1, 2025, an ordinance proposing a
28 transactions and use tax pursuant to this chapter has not been
29 approved as required by paragraph (2) of subdivision (a) of Section
30 7292.5, this chapter shall be repealed as of that same date.

1 *SEC. 2. The Legislature finds and declares that a special law*
2 *is necessary and that a general law cannot be made applicable*
3 *within the meaning of Section 16 of Article IV of the California*
4 *Constitution because of the unique fiscal pressures in the City of*
5 *Alameda.*

6 ~~SECTION 1. Section 14105.2 is added to the Welfare and~~
7 ~~Institutions Code, to read:~~

8 ~~14105.2. (a) The Legislature finds and declares all of the~~
9 ~~following:~~

10 ~~(1) California has significantly reduced the number of uninsured~~
11 ~~persons by expanding the Medi-Cal program under the federal~~
12 ~~Patient Protection and Affordable Care Act (Public Law 111-148).~~

13 ~~(2) It is important to ensure adequate access to care in the~~
14 ~~Medi-Cal program as new enrollees seek appropriate care.~~

15 ~~(3) The state needs to assess the gaps in access to care and act~~
16 ~~swiftly to address those gaps.~~

17 ~~(4) One area of anticipated need is the availability of more~~
18 ~~Medi-Cal providers.~~

19 ~~(5) California's Medi-Cal provider reimbursement rates have~~
20 ~~historically been among the lowest in the nation.~~

21 ~~(6) During recent years, the state has reduced reimbursement~~
22 ~~rates to Medi-Cal providers due to budget constraints.~~

23 ~~(7) An assessment of gaps in access should include a~~
24 ~~determination of whether current provider rates are sufficient to~~
25 ~~ensure access to care.~~

26 ~~(b) Therefore, it is the intent of the Legislature that an annual~~
27 ~~access monitoring report provide a valid, clear, and public~~
28 ~~assessment of access to care in Medi-Cal, and provide a basis to~~
29 ~~evaluate the adequacy of Medi-Cal rates and the existence of other~~
30 ~~barriers to access to care.~~

31 ~~(c) Notwithstanding Section 10231.5 of the Government Code,~~
32 ~~by March 15, 2016, and annually thereafter by February 1, the~~
33 ~~department shall submit to the Legislature, and post on the~~
34 ~~department's Internet Web site, a Medi-Cal access monitoring~~
35 ~~report. The report shall be submitted in compliance with Section~~
36 ~~9795 of the Government Code. The annual report shall:~~

37 ~~(1) Present results of the department's ongoing access~~
38 ~~monitoring efforts in fee-for-service and managed care. For~~
39 ~~managed care, the report shall include results from the Department~~

1 of Managed Health Care's oversight of provider networks and
2 timely access in Medi-Cal managed care.

3 (2) Compare the level of access to care and services available
4 through Medi-Cal, to the level of access to care and services
5 available to the general population in different geographic areas
6 of California.

7 (3) Include access measurements of sufficient granularity to
8 reflect patient experience of access to particular services or provider
9 types, or in particular geographic areas.

10 (4) Identify particular services, provider types, or geographic
11 areas for which the level of access is less than the level of access
12 to care and services available to the general population in the
13 geographic area. For those services, provider types, or geographic
14 areas, the annual report shall assess and report on the adequacy of
15 provider payment rates and identify any other factors that impede
16 access.

17 (5) Use language clearly understandable to the public.

18 (6) Use more than one valid, generally accepted method to assess
19 access to care.

20 (d) At least once annually, the department shall hold a public
21 meeting to present and discuss the access monitoring report. The
22 department shall accept public comment from stakeholders at the
23 public meeting.

24 (e) The department may enter into a contract with an
25 independent entity to perform an ongoing assessment of access to
26 care and the adequacy of provider payment rates in Medi-Cal.

27 (f) For services, provider types, or geographic areas for which
28 rates are identified in the annual report as inadequate, rate increases
29 shall be implemented to the extent funding is provided in the annual
30 Budget Act and federal financial participation is available.